



Council on Developmental Disabilities
802 W. Bannock, Suite 308
Boise ID 83702-5840

ORGANIZATIONAL CONFERENCE FUNDING APPLICATION

1.	Applicant Name			
	Address			
	Phone			
	Representing			
2.	Title of Conference			
	Dates of Conference			
	Location of Conference			
	Name of Sponsoring Organization			
	Is Conference Accessible		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Transportation Cost			\$
	Estimated Meals/Hotel Cost Totals			\$
	Circle All Applicable: Registration Parking Taxi Respite List Other: _____			\$
	Total Amount Requested			\$
	Other Sources of Funding Solicited			
	Other Funding (Amounts) Received		\$	\$
4.	Conference purpose and overall goal:			
5.	How will this conference address issues of importance to individuals with developmental disabilities (geographical impact)?			
6.	How will you share or use information from the conference with the Council and others in your community?			

• A COPY OF THE CONFERENCE AGENDA IS REQUIRED •

All approved requests are paid by **reimbursement** & may have a **maximum** reimbursement amount.

ALL CONFERENCE REQUESTS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO CONFERENCE

• INCLUDE A DESCRIPTION OF TOTAL BUDGET AND USE OF COUNCIL FUNDS •

GOVERNOR James E. Risch ♦ CHAIR Rick Betzer ♦ EXECUTIVE DIRECTOR Marilyn B Sword